

Foster Family Home - Corrective Action Report

Provider ID: 1-617540

Home Name: Archie Redor, RN

Review ID: 1-617540-5

91-101 Aha Way

Reviewer: Angelica Galindo

Ewa Beach HI 96706

Begin Date: 1/8/2019

Foster Family Home

Required Certificate

[11-800-6]

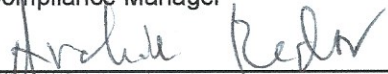
6.(d)(1) Comply with all applicable requirements in this chapter; and

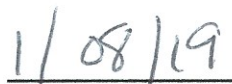
Comment:

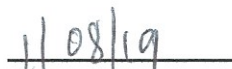
Home visit for a 2 person CCFFH recertification review made on 1/08/2019.

6.(d)(1) - Home in compliance with all requirements.


Compliance Manager


Primary Care Giver


Date


Date